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COVER LETTER

	Division of Cor		•	
611D 1E7	171 Group	LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
(T) I				
The enci	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Garret A Vemon		
			Name of Person	
		171 Group LLC		
			Firm/Company	
		5379 Lyons Rd #923		
			Address	
		Coconut Creek FL 33073		
			City/State and Zip Code	
		GeeAnthonyBusiness@Gm		
			to be used for future annual report no	dification)
For furth	er information c	oncerning this matter, please c	all:	
Garret A	Vernon		954 709-1988 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
		☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	g. 22	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632		The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAN 28 F

171 Group LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/04/2021}{1}$ and assigned Florida document number L21000012492 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1 SEVEN 1 GRP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the effective date is listed, the date in the date in this rument's effective date on the	ust be specific and cannot be block does not meet the a	ipplicable statutory:	(option or more than 90 days after fil filing requirements, this d	ing.) Pursuant to 605.0207
cord specifies a delayed effect s filed.	ive date, but not an effect	tive time, at 12:01 a	m. on the earlier of: (b)	The 90th day after the
ed	12:01	am 		
	Newson Signature of a member of			
	Signature of a member or	authorized represents	tive of a member	

Filing Fee: \$25.00